



ProSil Wafer Corporation

3030 OLCOTT STREET, SANTA CLARA, CA 95054
TEL: (408) 988-2700, FAX: (408) 986-9200

October 25, 1991

Environmental Protection Agency
Region IX, Permits Branch
75 Hawthorne Street
San Francisco, CA 94105

To Whom This May Concern:

REFERENCE: Letter dated June 10, 1993, referring to ProSil Wafer Corporation operating at 3010 and 3030 Olcott St. Santa Clara, CA. 95054, under Generator Identification #CAT 080 032 188.

On October 1, 1993, a "Asset Purchase Agreement" was signed by UniSil Corporation and ProSil Wafer Corporation for the purchase of ProSil Wafer Corporation's operations by UniSil Corporation.

This agreement is contingent upon ProSil restarting manufacturing operations and entering into a production phase in November 1993 and continuing through the date that the transfer of ownership takes place. The transfer of ownership of ProSil Wafer Corporation to UniSil Corporation is to take place on or before December 15, 1993.

All operations will be the same as before the June 11, 1993 shutdown of production of ProSil Wafer Corporation. There will be no changes in the mode of operations or in the hazardous chemicals used in the manufacturing operation.

On or before December 15, 1993, you will receive the required information for the change in ownership, related to permit(s) that have been granted to ProSil Wafer Corporation by your agency.

The Santa Clara Fire Department, Hazardous Materials section has been contacted and has approved the reinstituting of manufacturing operation under the direction of the present ownership of ProSil Wafer Corporation.

Should your agency have any concerns or questions about the startup and change of ownership, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Larry Mohr".

Larry Mohr
Environmental Manager
(408) 988-2700

NOTIFICATION DATA CHANGE

RCRA INITIALS: DA

DATE CHANGED: 91.11.07

FACILITY ID: CAT 080 032 188

ACTION APPROVED DATE RECEIVED

C

91.10.24

FACILITY STATUS

NAME OF INSTALLATION: Prosil Wafer Corp

COMMENTS: Update in FINDS

INSTALLATION > STREET:
MAILING ADDR > CITY:

STATE: ZIP:

INSTALLATION > STREET: 3010-3040 Ocotillo St.
LOCATION > CITY:

STATE: ZIP:

INSTAL. CONTACT: Kaz Agusa
OWNER NAME:

PHONE: 408-988-2700
TYPE OF OWNER:

COUNTY CODE: COUNTY NAME:
PARENT DUNS:

TYPE OF WASTE ACTIVITY: GEN 2 TRANS TSD UIC

HWF ACT: GEN MKT TO BURNER OTHER MARKET BURNER
OSO ACT: GEN MKT TO BURNER OTHER MARKET BURNER
SO ACT:

BURNER TYPE: UTILITY BOILER INDUS BOILER FURNACE

MODE OF TRANSPORTATION: AIR RAIL HIGHWAY WATER OTHER

HAZARDOUS WASTE CODES: D001

CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES:

IGNITABLE CORROSIVE REACTIVE TOXIC

FINDS INITIALS: DA

DATE CHANGED: 4/27/92

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

91.10.22

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First NotificationB. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

CAT 080032188 DA

II. Name of Installation (Include company and specific site name)

P R O S I L W A F E R C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 0 3 0 O L C O T T S T R E E T

Street (continued)

3010 3040 CL COTT ST DA per map

City or Town

State

ZIP Code

S A N T A C L A R A C A 9 5 0 5 4 -

County Code

County Name

085 S A N T A C L A R A

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

3 0 3 0 O L C O T T S T R E E T

City or Town

State

ZIP Code

S A N T A C L A R A C A 9 5 0 5 4 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

A G U S A K A Z

Job Title

Phone Number (area code and number)

V. P. O P E R A T I O N S 4 0 8 - 9 8 8 - 2 7 0 0

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing

B. Street or P.O. Box

X & X 3 0 3 0 O L C O T T D R I V E

City or Town

State

ZIP Code

S A N T A C L A R A C A 9 5 0 5 4 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A N T H O N Y M E I E R

Street, P.O. Box, or Route Number

5 2 5 M I D D L E F I E L D R O A D, # 1 4 0

City or Town

State

ZIP Code

M E N L O P A R K C A 9 5 0 5 4 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

4 1 5 - 3 2 2 - 3 0 0 0 Yes No Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

 1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)


1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State other wastes requiring an ID number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature 	Name and Official Title (type or print) KAZ AGUSA, V. P. OPERATIONS	Date Signed 9-27-91
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XI. Comments

IPA (ISOPROPYL ALCOHOL)

PUMP OIL

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

SAN TOMAS AQUINO CHANNEL

PCL. D



Common Pkwy

N 89° 01' 52" W
265.71'

N 83° 09' (R)

EXIST'G. 15' WIDE
LANDSCAPING ESM'T. PCL. C-1
9804 O.R. 206-208

Common Drive

Pro S.I.

A.P.N. 224-46-8 (91)

PROPOSED EMERGENCY (ESMT ENCROACHMENT)
GENERATOR

UNDERGROUND ELECTRIC
EASEMENT

PCL. C

OLCOTT

PCL. B

10' WIDE
EXIST'G. U.G.E.
ESMT. PCL. 3-
9912 O.R. 416-418

N 89° 01' 52" W 275.00'

EXIST'G. 5' WIDE G.I.P.E.
9899 O.R. 512-515

LANDSCAPING ESM'T.
PCL. B-1 9804 O.R. 206-208

N 89° 01' 52" W 275.00'

EXIST'G. U.G.E.,
ESMT. 3.00'
PCL. 2- 9912 O.R.
416-418

N 89° 01' 52" W 185.00'
EXIST'G. 10' WIDE U.G.E. ESM'T.
PCL. 1- 9912 O.R. 416-418

EXIST'G. 15' WIDE
LANDSCAPING ESM'T.
PCL. A-1 9804 O.R. 206-208

Pro S.I.

PCL. A

N 89° 01' 52" W 115.00'

R=50.00' Δ=90°00'00"

OWEN ST. (60' R/W)

N 89° 01' 52" W

195.00'

ST.

Revised	GS	8-20-91
Drawn By	JY	3-2-77
Checked By	BS	8-22-91
Approved	P. Trenholme	Date 8-26-91
BRUCE C. AUGASON CITY ENGINEER		

CITY OF SANTA CLARA

FOR REFERENCE ONLY 1971

Pro S.I. 3010-3040 Olcott St.
Mail Address 3030 Olcott St.

Scale	1" = 40'
Ref.	SC. 16,484
Tracing No.	9940-A

9940-A



PLEASE PLACE LABEL IN THIS SPACE

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)		0 2 APR 1981	66								
S																							
F	CAT-080032188-21										A		810401										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		

S	I	E	R	R	A	C	I	N	/	E	O	I	.
---	---	---	---	---	---	---	---	---	---	---	---	---	---

STREET OR P.O. BOX

3	3010	O l c o t t S t.	OLCOTT ST.
---	------	-----------------------------	------------

CITY OR TOWN																ST.	ZIP CODE
C																CA	95 0 51

STREET OR ROUTE NUMBER

[illegible]

CITY OR TOWN													ST.	ZIP CODE	
6	Santa	Clara,											Calif	CA	95051

NAME AND TITLE (last, first, & job title)

2	DOLL,	DAVID	TOOLING	ENGINEER						408	7	2	7	7	3	64			
15	16									49	46	-	48	49	-	51	52	-	55

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

15		16	
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)			

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL M = NON-FEDERAL	M 54	<input checked="" type="checkbox"/> A. GENERATION 57	<input type="checkbox"/> B. TRANSPORTATION (complete item VII) 58
		<input type="checkbox"/> C. TREAT/STORE/DISPOSE 59	<input type="checkbox"/> D. UNDERGROUND INJECTION 60

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☒ A. AIR ☐ B. RAIL ☒ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

[illegible]

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
S	W CAT 0800321882													T/A C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	24	25	26	27	28
7	8	9	10	11	12
23	24	25	26	27	28

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23	24	25	26	27	28
19	20	21	22	23	24
23	24	25	26	27	28
25	26	27	28	29	30
23	24	25	26	27	28

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	24	25	26	27	28
37	38	39	40	41	42
23	24	25	26	27	28
43	44	45	46	47	48
23	24	25	26	27	28

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	24	25	26	27	28

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

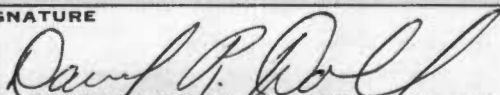
☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
	TOOLING ENGINEER DAVID R. DOU	3/30/81

RESPONDENT CONTACT RECORD (RCR)[illegible]

DEPARTMENT OF HEALTH SERVICES
TOXIC SUBSTANCES CONTROL PROGRAM
2151 BERKELEY WAY, ANNEX 9
BERKELEY, CA 94704
(415) 540-3729

(AT 080 032 188 N)



October 24, 1990

CERTIFIED MAIL

Mr. Roger E. Bensenhaver
Environmental Engineer
Kawasaki Wafer Technology, Inc.
3010 Olcott Street
Santa Clara, CA 95054

Dear Mr. Bensenhaver:

RETURN TO COMPLIANCE

Your response, dated September 12, 1990, to our Report of Violation (ROV) issued to NBK Corporation (now Kawasaki Wafer Technology Inc.), 3010 Olcott Street, Santa Clara, California, dated September 7, 1990, was received by us on September 17, 1990.

Based on our review of that response, the Department has determined that Kawasaki Wafer Technology Inc. (formerly NBK Corporation), 3010 Olcott Street, Santa Clara, California, has completed the required correction as outlined in the ROV.

Thank you for your efforts to achieve compliance. If you have any questions regarding this letter, please call Bill Brown at (415) 540-3889.

Sincerely,

William L. Brown
Hazardous Materials Specialist
Region 2
Toxic Substances Control Program

Charlene F. Williams
Branch Chief
Surveillance and Enforcement
Branch
Region 2
Toxic Substances Control Program

Mr. Roger E. Bensenhaver
Page 2
October 24, 1990

Cert. Mail No. P-106 353 161

cc: Ms. Lily Wong
U.S. EPA, Region IX
1235 Mission Street
San Francisco, CA 94103

Mr. William Soo Hoo
Toxics Legal Office
Toxic Substances Control Program
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320

Mr. Larry Matz
Surveillance and Enforcement
Toxic Substances Control Program
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320

Ms. Rubia Bertram
Financial Responsibility Unit
Toxic Substances Control Program
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320

Ms. Robin Wakshull
District Attorney's Office
Santa Clara County
70 West Hedding Street
San Jose, CA 95110